WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 6/3/2024

Name: Jennifer Lynne Myree

Are you representing: Yourself ☐ Organization ☑

Organization (If Applicable): Cincinnati NAACP - #3175

Position/Title: Education Committee Chair

Address: 3494 Reading Road

City: Cincinnati State: Ohio Zip: 45229

Best Contact Telephone: 513 -281 - 1900 Email: 513NAACPEducation@gmail

Do you wish to be added to the committee notice email distribution list? Yes ☑ No ☐

Business before the committee

Legislation (Bill/Resolution Number): HB 178 - CROWN Act

Specific Issue: Hair Discrimination in the workplace and schools

Are you testifying as a: Proponent ☑ Opponent ☐ Interested Party ☐

Will you have a written statement, visual aids, or other material to distribute? Yes ☐ No ☑

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? _____

Please provide a brief statement on your position:

The CROWN Act seeks to eliminate hair discrimination in workplaces and schools. This act is a critical step to promote equity, protect cultural identity, enhance economic opportunities, support mental health and well-being, and uphold human rights for black people to wear natural or cultural style; braids, locs, twists, or bantu knots.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.